

AUG - 5 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25446

1. PLACE OF DEATH

County

Registration District No.

791

File No.

Township

Primary Registration District No.

1008

Registered No.

City

(No. City Hospital No. 1)

St. Ward)

6620

C. 2425

2. FULL NAME

William Diederich

(a) Residence, No.

Fair Grounds Hotel, St.

10 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (Specify by word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Lillian Diederich

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

June 3, 1865

AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

72

1

5

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

nil

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis, Missouri

MOTHER FATHER

13. NAME

George H. Diederich

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Not known

17. INFORMANT
(ADDRESS)

Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Crematory July 10 1937

19. UNDERTAKER
(ADDRESS)Neon Lilla
2707 N. Grand St.

20. FILED

AUG 9 1937

J. T. Bredeck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7/7/37

19

22. I HEREBY CERTIFY, That I attended deceased from
5/20/37, 19..... to 7/7/37, 19.....I last saw h. him live on 7/7/37, 19..... Death is said
to have occurred on the date stated above, at 10.25 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
Heart Disease

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? *Yes*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Garrison, M. D.

(Address) City Hospital No. 1

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

